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*To:* Office of the United Nations High Commissioner for Human Rights

*From:* The Working Group on Girls (WGG) ([www.girlsrights.org](http://www.girlsrights.org))[[1]](#footnote-1)

*Date:* September 30, 2012

*Subject:* Children's Right to Health

In preparation for the forthcoming report by OHCHR to the Human Rights Council (March 2013) on the right of the child to the enjoyment of the highest attainable standard of health, the Working Group on Girls (WGG) would like to draw your attention to some of the most salient health related human rights violations in the world that are specific to the girl child. We begin by identifying some of the main obstacle and challenges confronting girls. Next, we exemplify two aspects of violence and discrimination against girls that prevent their access to the highest attainable standard of health and mental health. They include: (1) harmful cultural and traditional practices (son preference and female infanticide; the practice of female genital cutting; early and forced marriage; and crimes in the name of honour); and (2) slavery and sexual violence (trafficking for commercial sexual exploitation). We then focus on the key adverse physical and mental health outcomes associated with these identified risk factors that warrant immediate action. We conclude by offering some recommendations to tackle these health related challenges confronting girls.

**Being Born Female is an Obstacle to Good Health: Health Challenges Confronting Girls**

The double burden of being both young and female relegates millions of girls to the margins of society where their safety is denied, their human rights are routinely disregarded, and the challenges they confront accessing the highest attainable standard of hearth are immense. As a result of discriminatory attitudes and behaviors, girls are all too often denied the same basic opportunities as boys; they are also less likely than their male peers to have decision-making control over their own lives and bodies; and key decisions affecting them are frequently made by their fathers, brothers and husbands.[[2]](#footnote-2)

Although progress is being made in many parts of the world, prevailing gender stereotypes and social norms create inequalities in physical and mental health. The obstacles that girls confront achieving their right to health are even greater for girls who are born into poverty. These girls are more likely than their wealthier peers to be exposed to health risks; they are also less resistant to disease because of under-nutrition and exposure to health hazards in their communities. Additionally, girls living in poverty have less access to preventive and curative interventions.[[3]](#footnote-3)

Gender inequities in health and health care are linked with disparities at all ages of development but become more evident as girls approach adolescence.[[4]](#footnote-4) For many girls, their health and well-being during adolescence is compromised by prevailing gender-based social and cultural norms that do not condone their increased risk from violence, harmful cultural and traditional practices, sexual exploitation, exclusion from schooling, work that is either dangerous or exploitative, and little access to decent health care.[[5]](#footnote-5) In the following sections we highlight examples from (1) harmful cultural and traditional practices (son preference and female infanticide; the practice of female genital cutting; early and forced marriage; crimes in the name of honour); and (2) slavery and sexual violence (trafficking for commercial sexual exploitation).

1. ***Harmful Cultural and Traditional Practices***

Although some cultural practices are progressive, culture is sometimes used as a reason to perpetuate various forms of abuse that are harmful to girls. These practices consign girls and women to inferior positions with respect to inheritance, property, marriage and decision making; foster violence and abuse; and encourage sexual, physical and psychological harm.[[6]](#footnote-6) The following section highlights a number of social, cultural and traditional practices and public health issues that warrant immediate intervention. These issues are briefly described below and in greater detail in a forthcoming publication by Yvonne Rafferty in *The Journal of International Women’s Studies*.[[7]](#footnote-7)

1. *Son Preference: Female Infanticide and Prenatal Sex Selection*

Discrimination against girls begins at birth or in some cultures even before they are born, as a result of female feticide, infanticide, malnutrition and neglect. Son preference is a consequence of deeply embedded discrimination against girls, due to the high status granted to boys because they carry on the family name, bring resources into the family (wife and dowry), and they perform funeral rites.[[8]](#footnote-8)

1. *The Practice of Female Genital Mutilation (FGM)*

Although FGM might be customary in some societies, it is not required by any religion in the world, making it a vital human rights and public health issue. In most cases, FGM is performed on girls between the ages of 4 and 12, although in some places it is carried out on young women or babies. It comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. While carried out under the auspices of tradition or culture, it serves to control the sexual behavior of women and girls outside of marriage by guaranteeing their virginity.[[9]](#footnote-9)

1. *Early and Forced Marriage*

In many parts of the world, young girls (sometimes as young as age six) are forced into marriage (often with men many years older) by their families and communities, often justified by religious beliefs or tradition. In some cases (e.g., situations of armed conflict), families marry off their daughters in an attempt to avoid abduction, rape or to raise income for the survival of the family. Child marriage tends to create an environment that makes young wives extremely vulnerable to physical, sexual, psychological and economic abuse. With early and forced marriage, young wives are entrapped in relationships that rob them of their basic human rights, terminate their opportunities for schooling and education, restricts their freedom, increases their risk of violence within the household, curbs their economic autonomy, and places them at higher risk for adverse physical, intellectual, psychological, and emotional outcomes. And according to the IPPF, early marriage is *“one of the most persistent forms of sanctioned sexual abuse of girls and young women”* (p. 6).[[10]](#footnote-10)

1. *Crimes in the Name of ‘Honour’*

In some cultures, girls are murdered by male members of their families if it is suspected that the family code has been negatively impacted and the female is perceived to have brought dishonor against the family. In most cases, these murders are committed against girls viewed by the community as contravening the prevailing social and cultural norms. These include premarital sex, being a victim of sexual assault or rape, not agreeing to enter an arranged marriage, suspicions of adultery, requesting a divorce, seeking to escape marital violence, or for exercising their right to select their own life partner, career, or even clothing**.**[[11]](#footnote-11)

1. ***Slavery and Sexual Violence***

Traditional beliefs that men have a right to control women, deep rooted gender-based structural inequality, and cultural traditions that devalue girls also foster a social climate that tolerates exploitative relationships between men and women, as well as between adults and children, and makes girls and women vulnerable to physical, emotional and sexual violence. Social science research indicates that violence against girls is extensive; much of it is sexual in nature. Significant proportions of adolescent girls (15 – 19) report that they have ever experienced sexual violence. Many parts of Africa are particularly problematic (Uganda 21%; DRC 21%; Ghana 17%; Zambia 16%; Zimbabwe 16%; Liberia 13%). A study in Ghana found that 21% of girls reported being raped as their first sexual experience. Furthermore, a 2004 study conducted in Costa Rica indicates that incest was the cause of pregnancy for 95% of girls under age 15. Finally, the WHO multi-country study on women’s health and domestic violence found that younger women, particularly those aged 15-19, with lower levels of education had a higher risk of physical or sexual violence perpetrated by a partner in all the study countries except Japan and Ethiopia. In urban Bangladesh, 48% of 15 – 19 year old females reported either physical or sexual violence, or both, by a partner within the past 12 months. In Peru, it was 41%. The following section highlights the experiences of girls who are trafficking for commercial sexual exploitation. These issues are briefly described below and in greater detail in a forthcoming publication by Yvonne Rafferty in *The American Journal of Orthopsychiatry.[[12]](#footnote-12)*

*Child Trafficking for Commercial Sexual Exploitation*

The enslavement of children affects countless numbers of victims who are transported away from their homes across borders, or trafficked within their home countries, and treated as commodities to be bought, sold, and resold for criminal purposes, labor or sexual exploitation. Sex slavery accounts for 79% of all human trafficking. All over the world, girls are particularly vulnerable to being trafficked into the sex trade. Trafficking for commercial sexual exploitation is considered to be particularly lucrative: children who are sold into sexual slavery can be sold over and over again, making huge profits for their owners. This egregious crime has been described as one of the most pervasive and systematic human rights violations in the world today.

When children are trafficked away from their families, friends, communities, and support networks, and isolated in areas unknown to them, their development and survival are seriously threatened as they are forced to live in abominable conditions and stripped of their basic human rights to protection, health and education. Young victims are dependent on their traffickers for food, shelter and other basic necessities, and many fear retaliation against themselves or their families. Children who are transported across international borders, or to unfamiliar locations where they do not speak the local language, or who are in areas where law enforcement is corrupt or inadequate, are even more disempowered because of their diminished capacity to seek assistance or escape.. Some have been threatened by lies about being helped by local police or others, or about being imprisoned for immigration or other crimes, making it even more difficult for them to leave their exploitative situation. Others who have tried to escape have been severely beaten or killed by traffickers; many children never see their families again.

Health and safety standards in exploitative settings are generally extremely low and the degree of experienced violence can range from coercive strategies, such as physical and verbal threats, to extreme physical abuse or torture-like violence. Acts of psychological torture as defined by Amnesty International have also been reported, including induced debility, producing exhaustion, weakness, or fatigue (e.g., food or sleep deprivation); isolation; monopolization of perception, including obsessiveness and possessiveness; and threats of harm to the victim or her family and friends. A number of other tactics have been identified to control victims, including threat or continued use of force or other forms of coercion, physical, psychological, or sexual violence, debt bondage, whereby the traffickers bear the transportation costs and the victims incur the costs as debt threats against family members, social isolation, food deprivation, restriction of personal freedom or confinement, threat of deportation, and confiscation of identification cards and legal documents. In addition to the physical abuse described above, children who experience CSE also confront the dangers associated with sexual abuse and unprotected sex placing them at higher risk for sexually transmitted diseases, including HIV, unwanted pregnancy and reproductive illnesses.

**Adverse Physical and Mental Health Outcomes**

Violence and sexual violence has profound physical and mental health consequences.[[13]](#footnote-13) The following section highlights the key research findings related to the physical and mental health consequences associated with the risk factors confronting girls described above. We focus on three areas: (a) higher rates of childhood mortality/severe physical health complications; (b) HIV/AIDS; and (c) poorer mental health outcomes.

1. *Higher Rates of Childhood Mortality/Severe Physical Health Complications*

* Son Preference: In addition to female infanticide (the murder of female offspring), the practice of son preference has been linked with adverse health outcomes for girls through the privileged access to nutrition preferring boys. In South Asia, for example, 47% of girls under age five are underweight compared to 44% of boys. Boys have diets higher in essential nutrients such as protein than girls. Adolescent girls are more likely to be anaemic than adolescent boys.[[14]](#footnote-14)
* Honour Killings: These collective and premeditated murders impact as many as 5,000 girls and women around the world each year, according to the United Nations Population Fund. Many women's groups in the Middle East and Southwest Asia, however, have estimated that the number is closer to 20,000.[[15]](#footnote-15)
* FGM: In addition to suffering from a range of obstetric complications, such as postpartum haemorrhage and death, (due to excess bleeding and infection, including septic shock), research indicates that girls and women who have had genital mutilation have higher levels of chronic infections, severe pain, ulceration, as well as longer-term outcomes such as infections of the urinary and reproductive tracts, and infertility.[[16]](#footnote-16)
* Early and Forced Marriage: It is particularly in the context of reproductive and sexual health that child brides and their offspring face the greatest risk. Child marriage often comes with early pregnancy – a known risk factor for girls who are not physically ready for parenthood. Pregnancy related deaths are the leading cause of mortality in 15 – 19 year old girls; those under age 15 are five times more likely to die than those over age 20. An estimated 70,000 adolescent mothers die each year, mostly in developing countries, because they have children before they are physically ready for parenthood.[[17]](#footnote-17)
* Infant deaths are also twice as high in babies of very young women. Children born to adolescent mothers are 50% more likely to die than children born to women in their 20’s. They are also more likely to be born prematurely, suffer low birth weight, and to be malnourished.
* Girls who become pregnant before they are physically ready are also at risk for severe health problems, such as obstetric fistula. As noted by UNFPA, for every person who dies in childbirth, some 15 to 30 survive, yet suffer chronic disabilities, the most devastating being obstetric fistula.

Commercial Sexual Exploitation (CSE): The harsh conditions, persistent and extreme abuse, and trauma associated with child trafficking for CSE are associated with a range of health-related problems. Physical abuse and deprivation, for example, can result in direct physical injury (e.g., broken bones, bruises, contusions, cuts, and burns), indirect physical injury (e.g. chronic headaches, dizziness), insomnia and disrupted sleep patterns, or in extreme cases homicide or suicide. Other frequently noted health issues include weight loss, eating disorders, sleep disturbances and insomnia. Drug and alcohol abuse is also a serious problem and can result in overdose, drug or alcohol addiction. Research on the sexual violence associated with CSE has also been identified with higher rates of pelvic inflammatory disease, infertility, vaginal fistula, complications from unwanted pregnancies, unsafe abortions, and poor reproductive health.[[18]](#footnote-18)

1. *HIV/AIDS*

Adverse health consequences associated with being an adolescent include increased risk of HIV/AIDS.[[19]](#footnote-19) Adolescents are at the heart of the HIV/AIDS epidemic. Risk factors include limited access to information, unprotected sexual activity, and lack of knowledge. In sub-Saharan countries with high HIV prevalence, young women 5 – 24 years old are about 2 – 4 times more likely to be infected with HIV than young men.[[20]](#footnote-20)

* Early and Forced Marriage: For many girls who start their sexual activity within marriage as child brides, their vulnerability to HIV/AIDS is increased.[[21]](#footnote-21) Barriers include limited access to, and use of, contraception and reproductive health services and information, and inability to negotiate its use due to fear of violence from their spouses. Young mothers and their babies are a greater risk of contracting HIV/AIDS than their older peers. In Zambia, for example, 25% of young women aged 15 – 24 are HIV positive. The corresponding rate for Mozambique is 19 (both are child marriage hotspots).
* FGM: The risk of HIV infection exists, especially when the same instrument is used to cut several girls at the same time; in some cases, traditional doctors do not have health training, there is no use of anesthesia, and instruments are not sterilized.[[22]](#footnote-22)
* Commercial Sexual Exploitation (CSE): Girls who have been trafficked for CSE have higher rates of sexually transmitted infection and HIV/AIDS.[[23]](#footnote-23) In Indonesia, for example HIV prevalence was nearly 20% among 487 girls and women (47% were under age 18) who had been sexually exploited for a year or more. In Cambodia, 73% of 136 girls and women who had been rescued (52% were under age 18) tested positive for STIs. In Nepal, 29.5% of 44 girls between the ages of 11 and 44 tested positive for HIV. A final study involving Nepalese girls under the age of 15 who had been trafficked for CSE, found that 61% tested positive for HIV. In addition, Kumar and colleagues found that 38% of girls in Nepal who had been trafficked and prostituted had contracted HIV/AIDS.

1. *Poorer Mental Health Outcomes*

There is a vast research base documenting the link between gender-based physical and sexual violence on girls’ mental health.[[24]](#footnote-24) The following section highlights specific findings from research studies involving girls who have had their genitals mutilated or who have been trafficked for CSE.

* FGM: Empirical research conducted in Senegal suggests that FGM is likely to cause a range of emotional disturbances, forging the way to psychiatric disorders, especially post-traumatic stress disorder (PTSD). Behrendt and Moritz, for example, compared the mental health status of 23 Senegalise girls and women (ages 15 – 40) after genital mutilation with 24 peers who had not been mutilated.[[25]](#footnote-25) The rates of PTSD were significantly higher among those who had been mutilated (30% vs. 0%); they were also more likely to experience other psychiatric symptoms (48% vs. 4%). In addition, 90% of the girls and women described feelings of helplessness, horror, intense fear and severe pain.
* Commercial Sexual Exploitation (CSE): In addition to the visible scars described above, victims may develop a wide range of psychological and interpersonal problems. Common manifestations include (a) psychological reactions (e.g., hopelessness, despair, suicidal ideation and attempts, anxiety disorders, low self-esteem, depression); (b) psychoactive substance abuse and dependence (e.g., addiction, overdose); (c) psychosomatic reactions (e.g., headaches, neck pain, back aches, sleeping problems); (d) social reactions (e.g., feelings of isolation, loneliness, hostility); and (e) severe post-traumatic stress syndrome.[[26]](#footnote-26) In extreme cases, the psychological symptoms demonstrated by children who have experienced trafficking-related abuses can be compared to the psychological reactions identified in torture victims, who are also likely to sustain multiple physical or psychological injuries and illnesses and report a complex set of symptoms.
* In one noteworthy empirical study involving female survivors of human trafficking receiving services in Nepal (ages 11 – 44), those who had been trafficked for prostitution (n = 44) had higher levels of anxiety, depression and post-traumatic stress disorder (PTSD) than peers (n = 120) exploited for other purposes (domestic and circus work).[[27]](#footnote-27) Overall, a high proportion of both groups reported anxiety symptoms (97.7% vs. 87.5%). However, victims of CSE were more likely to manifest significantly higher symptoms of both depression (100% vs. 80.8%) and PTSD (29.6% vs. 7.5%).
* Cwikel and colleagues assessed 49 girls and women (ages 17 – 38) who had been trafficked for CSE in Israel. Overall, 17% scored above the diagnostic cut-off for PTSD symptoms, 47% had considered suicide and 19% had attempted suicide at least once.[[28]](#footnote-28)
* Another study involving 197 girls and women in Europe found that exposure to multiple forms of abuse was associated with higher levels of mental health symptoms: participant rated symptoms of depression, anxiety, and hostility were in the 98th, 97th, and 95th percentile respectively, compared to a normative sample and were in the 51st percentile compared to psychiatric patients (for depression, anxiety, and hostility). In addition, 39% reported recent suicidal thoughts and 57% met the criteria for PTSD. [[29]](#footnote-29)
* Another study explored the association between girls’ and women’s experiences and symptoms of common mental disorders among 204 victims (ages 15 – 45) in Belgium, the Czech Republic, Italy and the United Kingdom. Overall, 77% had possible PTSD, 55% reported higher levels of depression symptoms, and 48% reported higher levels of anxiety symptoms. More time since trafficking was associated with higher levels of depression and anxiety, but not of PTSD.[[30]](#footnote-30)
* A final study compared the incidence and severity of aggression among 120 girls (ages 13 – 18) in Kolkata, India who had been trafficked for CSE and were currently in a shelter with 120 non-sexually abused peers who were randomly selected from four schools. Overall, victims of CSE were significantly more likely to be highly aggressive than their peers in the comparison group (31% vs. 14%).[[31]](#footnote-31)

**Recommendations: Translating Research into Action**

*1. Criminalize Offenses and Close Gaps in Law Enforcement*: Member States that have not yet established harmful traditional or cultural practices and all other acts of violence against girls (including trafficking for CSE) as criminal offenses must be encouraged to take immediate action to ensure that girls are no longer subject to practices that cause them harm and deny them their basic human rights. Towards this end, government must enact and enforce national laws against harmful and traditional practices, including CSE and ensure that all human rights agreements are upheld.[[32]](#footnote-32)

* Community groups should be encouraged to mobilize to enforce laws. In Somalia, for example, women groups lobbied the authorities to pass a law criminalizing the practice/enact a law banning FGM. In addition to seeing a law, they also sought a religious fatwa (decree) proclaiming that FMG is Haram (illegal) under Islam.[[33]](#footnote-33)
* Recommendations at the country level should be encouraged and shared. In Afghanistan, for example, the United Nations Assistance Mission – Human Rights published a report documenting the customary practices that violate the rights of girls and women throughout Afghanistan; it also described the government’s response to these practices and offered recommendations to end such practices.[[34]](#footnote-34)

*2. Build Capacity Through Communication and Collaboration*: UN Women, UNICEF, and other UN systems must increase their efforts to encourage and assist endeavors by States, communities, international and national organizations, and civil society to aggressively and effectively tackle the multiple manifestation of discrimination and violence against girls, including harmful practices and CSE, and to ensure that the rights of women and those of girls are no longer promoted in isolation from each other through laws, policies, programs and practices. Effective intervention will require the active involvement of local government and traditional leaders, provincial and national government leaders, religious leaders, community elders, research institutions, foundations, lawyers, medical professionals, religious scholars, development partners, NGOs and a support network of girls and women who can promote efforts to ensure women’s and girls’ rights and their full participation in the development of their communities, including traditional dispute resolution mechanisms.[[35]](#footnote-35)

*3. Prevent Abuse Through Social Protection*: Since vulnerability is imbedded not only in gender inequalities, but also in social inequalities based on race, class, ethnicity, age and other factors, the marginalization that makes girls vulnerable to violence and discrimination must be addressed through policies and laws that reflect a commitment to equality and human rights. Every effort must be made to create a supportive environment that fosters physical and mental health and well-being for girls.[[36]](#footnote-36) Ensuring girls’ access to adequate health care, equal opportunities in education, and protection from violence and abuse, including harmful traditional or cultural practices and CSE, is the most effective way to ensure that girls achieve their physical, emotional, and social potential, and go on to become empowered women.[[37]](#footnote-37) Policies and environments that support access to education, provide vital resources and services, and create opportunities to enhance their human rights should be developed and widely shared.[[38]](#footnote-38)

*4. Provide Psychosocial Rehabilitation and Reintegration Services for Victims*. Resources for victims of violence should never be compromised. Governments must heed the warnings of the damaging impact of violence on girls and ensure that their safety is never compromised by austerity measures. Best practices for providing services to victims should be identified and shared.

*5. Provide Resources and Funding for Gender Equality and Empowerment of Girls:* Adequate resources must be provided to support local initiatives designed to strengthen and expand consensus around the concept of the equal value of girls and boys, including the intersection between discrimination and violence against the girl child and harmful practices. States parties must develop gender-responsive budgeting that allocates funding for: (a) girls’ health and mental health programs, including adolescent and HIV/AIDS matters; (b) education at primary, secondary and tertiary levels; and (c) programs to end all forms of violence against the girl child, including harmful traditional practices and all other forms of sexual violence.[[39]](#footnote-39)

*6. Raise Awareness and Promote Community Involvement*: Improved efforts are sorely needed by governments and civil society to address the deeply rooted gender discrimination against girls that lies at the heart of harmful practices and other acts of violence against girls.[[40]](#footnote-40) Research has identified both information and media campaigns as effective strategies to create greater awareness of the acts of violence against girls, challenge discrimination, engage men and boys, and eliminate the victimization of girls throughout their lifespan.[[41]](#footnote-41) Journalists can use current data to inform human rights advocates and policymakers of the negative aspects of discrimination and violence against girls by covering the issues from multiple perspectives—the illegal violation of girls' human rights, the mental and physical harm on girls' development, and the negative consequences for families and societies.

* Early and Forced Marriage: Targeted campaigns and use of the mass media are sorely needed to debunk some of the myths that the practice has a religious significance, or adds to the girl’s value. In addition to focusing on attitude change, strategies might also showcase the benefits of keeping girls in school for their individual development and well-being, as well as for benefits to their families.
  + At the launch of the Girls Not Brides Global Initiative,[[42]](#footnote-42) a global campaign to end child marriage, South Africa's Archbishop Desmond Tutu described child marriage as a *"practice that robs millions of girls of their childhood, their rights and their dignity".*
  + In Yemen and Saudi Arabia where girls as young as 9 and 12 were trying to divorce their older husbands, the media helped to force policymakers to react. In both countries, the publicized cases brought child and human rights advocates and lawyers together to campaign against child marriage. In Yemen, the story caused Parliament to discuss the issue and consider raising the minimum legal age of marriage for girls to 17 years.4 In Saudi Arabia, which has no legal minimum age for marriage, a draft law is now under discussion to set a minimum age for marriage of between 16 and 18. Until such a law is enacted, advocates are pressing for the Saudi government to ban notaries from legitimizing the marriages of girls under 18.5

*7. Collect, Analyze and Disseminate Data on Girls:* Institutionalizing the gathering of data (disaggregated by sex, age, socioeconomic status, race and ethnicity) in critical areas, inter alia health, education, labor and protection will facilitate an inclusive gender perspective for the planning, implementation and monitoring of government programs, and for benchmarking across nations and communities.[[43]](#footnote-43) States parties should strengthen their national statistical capacities and use statistics and other relevant factors to establish transparent and effective measurement of previously set goals and targets related to girls (e.g., CRC, MDGs, CEDAW), including the magnitude of harmful practices and the health and social consequences for girls. Such data are crucial in order to identify and evaluate effective strategies for addressing harmful practices, to provide a sound evidence base for carefully planned and coordinated policy development and action, and to document lessons learned.

*8. Identify and Share Best Practices*: States Parties, in collaboration with others, should identify, share, and promote effective policies and practices where gender sensitive and human rights-based approaches are used to challenge gender-based violence and harmful practices. Identified strategies include enhanced economic opportunities; incentives to share property with wives, daughters, and sisters; education; the promotion of awareness of adverse outcomes through the use of mass education campaigns, including using the media; using social media and discussion forums to encourage boys and men to share information and take action; enforceable legislation; human-rights education; and effective networks of grassroots organizations.[[44]](#footnote-44)

* In Brazil, Promundo works with youth to reduce gender inequality and prevent violence against girls and women through the active involvement of men and boys.[[45]](#footnote-45)
* Effective strategies to combat child marriage have been identified by an exemplary evaluation of prevention programs conducted by the International Center for Research on women. The most effective strategies included community mobilization, girls’ empowerment, education and schooling, economic incentives, and policy changes.[[46]](#footnote-46)
* The exemplary grass-roots initiatives by local women in Senegal, Ghana, Egypt and other countries working to hasten the abandonment of FGM should be widely replicated and shared. In one noteworthy example in Western Africa (Senegal), for example, Tostan has had a major impact with a program that focuses on educating communities about democracy and human rights to enhance awareness of the dangers associated with FGM and other issues and to reach a consensus themselves about how they can take steps to abandon it; they identified the involvement of male community leaders and imans as being instrumental in creating change.[[47]](#footnote-47)
* A campaign in rural South Africa is successfully decreasing incidences of bride kidnapping (the abduction of young girls for forced marriage); it demonstrates the need for holistic approaches to 'rights' education, especially in rural settings where connections to and understandings of national laws and customary practices come into tension. With much work to go, the men in this village have recognized that women's and girl's rights do not come at the expense of their own, and are working to stop child marriages.[[48]](#footnote-48)

*9. Ensure Access to Education and Schooling as a Human Rights Imperative: Keep Girls in School.* Effective approaches to achieve gender equality must promote the competence and resilience of girls and include their social, political and economic empowerment through education programs and job training to prepare them for their critical roles within their families and communities. The Committee on the Elimination of Discrimination against Women has repeatedly expressed concern in its concluding observations at the low level of education of girls and women, and the prevailing barriers to their access to education at all levels, especially the secondary and tertiary levels. As noted by Grown (2005), education empowers girls and women to reject gender-based norms and to find alternate opportunities, supports and roles. Educated girls are better informed about health risks such as HIV/AIDS. Higher levels of education have also been liked with lower levels of child marriage and greater opposition to FGM.

* The effective strategies that have been implemented in some areas of the world to remove the barriers that keep girls from attending should be replicated on a global level. Effective strategies include (a) ensuring that schooling is affordable by reducing costs and making scholarships available, that there are sufficient secondary schools close to where girls live, and that schools are safe and girl-friendly, (b) reforming curriculum and teacher training to ensure that the content, equality, and relevance of education address gender-based social and cultural norms that perpetuate inequality, discrimination, and violence against girls, and (c) rejecting the reinforcement of gender stereotypes by streaming girl and boy students to different subjects.[[49]](#footnote-49)

*10. Promote the Participation, Visibility, and Empowerment of Girls*: Strategies must be developed to empower girls to deal with violence, raise their voices, increase their self-esteem, advocate for their human rights and embrace their culture. Active engagement with girls and respect for their views in all aspects of prevention, response and monitoring of sexual violence against them is vital, taking into account article 12 of the Rights of the Child. The skills, ideas and energy of all girls, especially those from disadvantaged groups, are vital for the full attainment of gender equality.[[50]](#footnote-50) Opportunities must be developed so that they are able to participate in decisions regarding their education, recreation, and how to change decision making in the family. Effective empowerment will also require that they are provided with the necessary services to improve their security, including improved access to information, the services that they need, including access to formal and non-formal education, training in various life skills, and health and mental health care.

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The activities of the WGG support the following aims:

* Ensure that national governments implement, through policy statements, program development, and resource allocation the commitments to girls’ rights made through international agreements;
* Advocate for the ongoing inclusion and development of girls’ rights in the work of the United Nation systems and structures and in international agreements;
* Promote the active participation of girls as agents of change in their own lives, families, communities and societies

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1. This paper was written for the WGG by Yvonne Rafferty, Ph.D. Professor, Pace University (NY), and NGO representative to the UN (The Society for the Psychological Study of Social Issues: SPSSI). [↑](#footnote-ref-1)
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